

215042888
65479

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 86	Agency Case No. B5-097466	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/19/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0740	POLICE NOTIFIED 0741	10/19/2015
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 9th		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 2	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S. 9th/ F ST.			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12726104		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	KELSEY L WILLIAMS		PHONE	402-305-8500	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 3533 N 175TH CT APT 202, OMAHA, NE 68116		DATE OF BIRTH (MM / DD / YYYY)	08/07/1984	
G 3	OWNER	THOMAS P SHANAHAN / KELSEY L WILLIAMS		PHONE	402-305-8500	
H 1	OWNER ADDRESS	CITY, STATE, ZIP 3533 N. 175TH #202, OMAHA, NE 68116		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/O 1	LICENSE PLATE NO.	KWLAST1		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 4	VEHICLE	YEAR 2003	MAKE Chevrolet	MODEL KTA	BODY STYLE Medium/large u	COLOR black
I 1	VEHICLE ID NO. (VIN)	1GNEK13Z73R315076		INSURANCE COMPANY	PROGRESSIVE	
J 01	TOWED TO	TOWED BY		POLICY NO.	900530038	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	H12552524		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	BRET M OLTMAN		PHONE	402-730-7908	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 7101 N 16TH ST, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	08/04/1982	
J 01	OWNER	BRET M OLTMAN		PHONE	402-730-7908	
K 02	OWNER ADDRESS	CITY, STATE, ZIP 7101 N 16TH ST, LINCOLN, NE 68521		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE NO.	RYJ821		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 1	VEHICLE	YEAR 2007	MAKE Honda	MODEL PXL	BODY STYLE Compact Utility	COLOR silver / chrome
L 02	VEHICLE ID NO. (VIN)	2HKYF18607H516971		INSURANCE COMPANY	STATE FARM	
M 02	TOWED TO	TOWED BY		POLICY NO.	IMPOUND LOT CAPITAL TOWING	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-097466



Indicate
North
by Arrow



P.O.I- #1 10.2ft East of East curb of S. 9th
Even with south curb of F St.

#2 12.8ft South of South curb of F St
48.8ft East of East curb of S. 9th

S. 9TH ST

F ST

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 reports that she was south on S. 9th in the middle lane and became lost as to where she was going. She began to look at her GPS and looked down. Upon looking up she took a quick left turn from the middle lane in an attempt to get on F St. When turning she pulled directly in front of vehicle #2 which was southbound in curb lane. Driver #1 stated to officer, 'this is totally my fault. I feel real bad'. Driver of vehicle #2 states he was south on S. 9th and #1 pulled directly across his southbound lane. He stated he attempted to avoid the collision and swerved causing his vehicle to go over the curb slide into a tree and roll over onto his roof. Witness was in her vehicle waiting to cross S. 9th at F St. and observed vehicle #1 to turn from middle lane across in front of vehicle #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME LISA J THOMPSON	ADDRESS 465 S. 25TH, LINCOLN, NE 68510	PHONE 402-309-9878		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)						VEH 1	1	VEH 2	2	
1		X			S. 9TH			4		2		Driver No. 1	Y	Driver No. 2	Y	
2		X			S. 9TH							Driver No. 1	X	Driver No. 2	X	
1	06				06 Turning left	POINT OF IMPACT	00	POINT OF IMPACT	11	1 None used - vehicle occupant		ALCOHOL LEVEL TESTED		N	N	
2	01				08 Entering traffic lane	MOST DAMAGED AREA	00	MOST DAMAGED AREA	11	2 Lap & shoulder belt used		BAC LEVEL				
					09 Leaving traffic lane					3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED		Driver No. 1	1	
					10 Parked					4 Lap belt only used		1 Neither alcohol nor drugs suspected				
					11 Slowing or stopped in traffic					5 Child safety seat used		2 Yes - alcohol suspected				
					12 Other					6 Child booster seat used		3 Yes - drugs suspected				
					13 Unknown					7 DOT approved helmet used		4 Yes - alcohol & drugs suspected				
										8 Costume helmet used		5 Unknown				
										9 Restraint use unknown						
OFFICER NO. 1188					TROOP/TEAM/BEAT SW		DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
INVESTIGATOR NAME (Print or Type) Jeffrey Urkevich					INVESTIGATOR SIGNATURE Approved by Ofc Jeff Urkevich					DATE OF REPORT 10/19/2015						